

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598599

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7				1		
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TOTAL IND.	1	↓	1	↓	0	↓
TOTAL DEP.	6	←	6	←	0	←
TOTAL CLAIMS	7	[REDACTED]	7	[REDACTED]	0	[REDACTED]

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	[REDACTED]	0	[REDACTED]	0	[REDACTED]